

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674 15 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	10					
TOTAL DEP.	16	↓	↓	↓	↓	↓
TOTAL CLAIMS	50	SEARCHED	EXAMINED	SEARCHED	EXAMINED	SEARCHED

IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
52	/				
53	/				
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99					
100					
TOTAL IND.	/				
TOTAL DEP.	12	↓	↓	↓	↓
TOTAL CLAIMS	13	SEARCHED	EXAMINED	SEARCHED	EXAMINED

BEST AVAILABLE COPY

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